



# Safeguarding Vulnerable Adults Policy

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Last review: December 2023

Next review due: December 2024

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## INTRODUCTION

The protection of vulnerable adults from harm and abuse is an absolute priority.

This policy outlines our commitment to and recognition of responsibility for the protection of the people we work with, who may be vulnerable.

We are committed to the principles contained in the following Safeguarding Vulnerable Adults Policy, which outlines Growing Sudley CIC's approach to dealing with and reporting suspected abuse.

## DEFINITION OF VULNERABLE ADULT

"Vulnerable adult" refers to any person aged 18 years and over who *"... is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of himself, or herself, or unable to protect himself or herself against significant harm or serious exploitation, ..."* (Law Commission [1995] page 207).

## POLICY

Vulnerable adults involved in work, activities and events with Growing Sudley CIC will be accompanied by their carer. If they are not accompanied by a carer, then an assessment will be made by staff and approved by carers to ensure their needs can be adequately met.

We will endeavour to safeguard vulnerable adults by:

- Ensuring all staff, board members and volunteers read and adhere to our safeguarding policies;
- Sharing information about adult protection and good practice with adults who may be vulnerable, carers, board members and volunteers;
- Sharing information about concerns with agencies (eg Adult Social Care & Health/The Police) that need to know, and involving adults who may be vulnerable and their carers as appropriate;
- Following carefully a procedure for recruitment and selection of members and volunteers working in those projects that may have contact with adults who may be vulnerable, and
- Providing effective management for partners and volunteers through supervision, support and training.

## DEFINITIONS OF ABUSE

Within this policy the following are regarded as abuse:

Physical	Neglect
Sexual	Financial/Material
Emotional	Institutional

However, it needs to be emphasised that abusive situations are rarely as tidy as the six categories suggest. Many situations involve combinations of abusive elements.

# CHARACTERISTICS OF ABUSE

## a) Physical abuse

These include:

- Physical injuries which are not explained satisfactorily
- Knowledge or suspicion that injury was inflicted intentionally by the violence of others
- Lack of care for the person by formal or informal carers or by others who have responsibility, charge, or care of the individual

Pushing, pinching, slapping, hitting, burning, force feeding or force medication and restraint of a person might be included under this heading. The extent to which they have occurred and the circumstances in which they have taken place will need to be taken into account.

## b) Sexual abuse

Sexual abuse is considered to be the involvement of vulnerable individuals in sexual activities to which they have not given or were unable to give their consent, or which violate the law.

Sexual abuse includes:

- Contact abuse – touch eg of breast, genitals, arms, mouth etc, masturbation of either or both persons, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other objects
- Non-contact abuse – looking, photography, indecent exposure, harassment, serious teasing or innuendo

## c) Neglect

Vulnerable people who have been or are suspected of being physically neglected by either formal or informal carers or any other person who has responsibility, charge or care for the person, to the extent that their health and/or development are significantly impaired. For example this would include a vulnerable person who is unable or observed to be unable to self-medicate and is not receiving their medication in an appropriate manner, or any person who has responsibility or charge for a person who fails to safeguard their living arrangements.

## d) Emotional abuse

Vulnerable people who have been physically abused either by acts of omission or commission on the part of others resulting in humiliation or harassment, for example swearing at, ignoring and denial of their rights. This could include making the individual feel ashamed of involuntary behaviour, blaming them for actions or events beyond their control, or ridiculing them for their conduct; also included could be deprivation of normal social contact and inadequate or improper supervision.

Harassment could comprise of bullying, being threatened, or intimidated, or being made to fear for their health and well-being.

## e) Financial/Material abuse

Vulnerable people who suffer material exploitation at the hands of any other person through the misuse or theft of their money, property, possessions, or by having their access to material goods restricted by another person.

For example, this includes the misappropriation of benefits due to the individual or

preventing access to such benefits.

**f) Institutional abuse**

The policies of all establishments should ensure that the routines do not neglect people's ability to receive personal and individualised care and that their rights to privacy, dignity, independence, choice and fulfilment are met. Abuse may be influenced by factors wholly or partly outside the staff member's immediate control (eg staffing levels, health and safety issues etc).

Poor practice in any institutional setting is abuse, and should be challenged through the use of whistle blowing, and guidelines for allegations against staff.

## RECOGNISING ABUSE

### Indicators of Possible Abuse

The following indicators are the main signs and symptoms which may suggest that some form of abuse might have been, or is, taking place. Caution suggests against establishing adult abuse merely due to the presence of one or more of these indicators without further detailed investigation.

**a) Physical abuse**

- History of unexplained falls or minor injuries
- Bruising
  - in well protected areas, eg inside thigh, inside upper arm
  - on soft parts of the body
  - clustered as from repeated striking
- Finger marks
- Burns of an unusual kind or in unusual places
- Injuries, bruises, found at different stages of healing or those where it is difficult to suggest an accidental cause
- Injury shape similar to an object
- Injuries to head, face
- History of changing GP or reluctance to seek GP/services help
- Accounts of events which may vary with time and are inconsistent with the physical evidence
- Frequent attendance at hospital accident and emergency departments
- Malnutrition when not living alone
- Quiet and subdued when in the presence of carers, or flinching movements when approached
- Ulcers, pressure sores and being left in wet clothing

**b) Sexual abuse**

- Withdrawal, choosing to be alone, unwillingness to make eye contact
- Explicit or untypical sexual/language/behaviour by the vulnerable adult
- Self-inflicted injury
- Disturbed sleep pattern
- Difficulty in walking or sitting
- Self-neglect
- Torn, stained, bloody or missing underclothes
- "Love" bites
- Bleeding, sore, torn rectal or genital area

**c) Neglect**

- Inadequate physical care (of the individual and the environment) and inattention to the person's basic needs, including appropriate food, clothing and shelter
- Medical needs of person unmet – including failure to seek medical advice for illnesses
- Failure to supply essential social stimulation
- Repeated failure to prevent (accidental) injury

**d) Emotional abuse**

- Inability to sleep
- Change in appetite
- Unusual weight gain or loss
- Fearfulness/agitation
- Unexplained uneasiness
- Low self-esteem
- Confusions

**e) Financial abuse**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Unwillingness by the vulnerable adult/carer/relative to consider any assistance requiring expenditure beyond natural thriftiness or privacy, and when finances are not a problem
- Unusual interest by family members and other people in the vulnerable adult's assets

**f) Institutional abuse**

Professionals working within institutions are charged with the responsibility of ensuring that the care provided is appropriate and of a sufficient standard to meet the needs and desires of users. It may be harder for a person to complain about abuse in an institution than in the community so it is all the more vital that the appropriate care be provided.

Abuse within an institution can be either personal or institutional. The personal abuse issues have already been highlighted.

Abuse can be perpetrated by an individual or by a group of staff embroiled in the accepted custom, subculture and practice. Abuse by professionals within the rituals of the setting is an abuse of a vulnerable person's citizenship and is as serious as personal abuse. This should be treated with the same concern.

- Inappropriate confinement or restriction
- Inappropriate use of power or control

## PROCEDURE IN CASES OF SUSPECTED ABUSE

Should an adult disclose abuse:

- Listen to the person, offering reassurance and support, without making promises.
- Ask straightforward, non-leading questions.
- Make careful notes, as soon as possible.
- Establish the facts.
- Explain clearly what you have to do and who you have to tell.
- Do not interview or investigate beyond what is necessary to establish the basic facts.
- Do not be dismissive of the concerns.
- If there is a major injury, or fear of immediate risk or harm to the adult, you must inform the Vulnerable Adult Protection Designated Person immediately the discussion has finished. Contact the ambulance service if necessary.
- It is the responsibility of the Vulnerable Adult Protection Designated Person to record the disclosure and act in the best interests of the person, making a referral if appropriate.

In instances where the adult asks for the information not to be disclosed Growing Sudley CIC must respect their right to choose. Only in cases where individuals are at risk from harm, or in life threatening circumstances, would confidentiality be broken and information disclosed. In some circumstances it may be appropriate for the adult to have access to an independent advocate.

**It is neither the right nor the role of members or volunteers of Growing Sudley CIC to presume innocence or guilt in relation to any disclosure.**

## PROCEDURE FOR REPORTING SUSPECTED ABUSE AND DISCLOSURES

Any case of suspected abuse or disclosure must be reported immediately to the Vulnerable Adult Protection Designated Person, details below:

Dr Katy Loble  
Safeguarding, Growing Sudley CIC  
43 Penny Lane, Liverpool L18 1DE  
[growingsudley@gmail.com](mailto:growingsudley@gmail.com)  
07738 008997

If the concerns regard the designated person, they should be reported to the individual nominated below:

Lucy Dossor  
Director, Growing Sudley CIC  
43 Penny Lane, Liverpool L1 9DE  
[lucydossor@hotmail.com](mailto:lucydossor@hotmail.com)  
07771 997724

All matters relating to the protection of adults from abuse must be reported to the person named above, in addition to the Designated Person.

The Designated person (or nominated Board Member) should contact the Local Authority to ask for advice and how to proceed and to give details of the concern immediately.

**Outside Agencies: Liverpool City Council Vulnerable Adults Access Team**

0151 295 3142/3145/3155

Out of Hours Contact: 0151 706 2000

## **GUIDELINES FOR WORKING WITH VULNERABLE ADULTS**

Growing Sudley CIC recognises that members and volunteers may also be vulnerable in their work with vulnerable adults. The following guidelines aim to provide advice and guidance to help protect both adults who may be vulnerable and members and volunteers who may be vulnerable to suspected allegations:

- Work, meetings and interaction with vulnerable adults should take place as openly as possible. If privacy is needed, other members and volunteers should be informed of the meeting.
- Staff and volunteers should not meet with adults who may be vulnerable outside of organised work, activities, events unless it is with the knowledge and consent of Board Members.
- Any person who has found him or herself in a potentially vulnerable situation should report the circumstances to the Vulnerable Adult Protection Designated Lead Person (named above) immediately.

## **RECRUITMENT AND SELECTION OF STAFF AND VOLUNTEERS**

Growing Sudley CIC recognises that, whilst most people wanting to work with adults who may be vulnerable are well-motivated, it is important to have good recruitment and selection practices in place to help screen those that are not suitable.

To this end we will:

- Have clear roles and responsibilities outlined in job descriptions and/or letters of appointment for all paid and voluntary opportunities within the organisation working directly with vulnerable adults.
- Ask all applicants for employed posts to supply information in writing via an application form, including personal details, current work/voluntary experience, any qualifications/skills, and a declaration, if appropriate, of any post criminal record.
- Ask for two written references for all applicants for employed posts.
- Meet with all shortlisted applicants via formal or informal interviews.
- For all posts, employed and freelance, where people will have unsupervised or regular contact with vulnerable adults, whether volunteer or paid positions, Growing Sudley CIC will require an enhanced DBS check at least every 3 years.

## **MANAGEMENT AND SUPERVISION OF STAFF AND VOLUNTEERS**

Growing Sudley CIC's commitment to protecting vulnerable adults from abuse includes ensuring that relevant individuals and volunteers are supervised and supported in their work with those we work with. With this in mind:

- Staff and volunteers will be familiarised with policies, procedures and our expectations of them.
- Staff and volunteers' progress will be regularly reviewed.
- Where appropriate, staff and volunteers will be provided with training opportunities.
- Staff, volunteers, board members or other participants will not be left alone with vulnerable adults unless circumstances are appropriate and they have enhanced DBS clearance.